U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended, Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

F	or Official Use Only
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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U- 180 28	2. Fiscal Year Covered From:	
	1 / 1 / 2004 Through: 12 / 31 / 2004	
3. Name and address of person filing.	4. Name, file number, and address of labor organization.	
Name Gary H Mullins	Name National Association of Letter Carriers	
	Labor Organization File Number 000-509	
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any	
Street 100 Indiana Avenue N.W.	Street 100 Indiana Avenue, N.W.	
City Washington	City Washington	
State District of Columbia ZIP Code + 4 20001	State District of Columbia ZIP Code + 4 20001	
5. Position in labor organization. Vice President		

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.				
6. Name and address of Employer (including trade name, if any).		7.a. Nature of Interest, Transaction, or Income.		
Name				
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any				
	;	7.b. Amount.		
Street				
City	:			
State ZIF	Code + 4			

Signature

16. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information
submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the
undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed Hauf H Mullion

On <u>08-12-65 203-662-2846</u>
Date Telephone Number

Name of Person Filing Gary Mullins					
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.					
8. Name and address of Business (including trade name, if any).	9. Business deals with:				
Name Hilton Hawaiian Village	a. Labor Organization				
Trade Name, if any: P.O. Box, Bldg., Room No., if any	b. Trust				
Street 2005 Kalia Road	c. Employer				
City Honolulu State Hawaii ZIP Code + 4 96815		į			
State Hawaii Zir Coue + 4 36615					
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing. The Hilton Hawaiian Village was the Headquarters Hotel for the NALC during our National Convention held in Honolulu in July 2004.				
Name					
Trade Name, if any:					
P.O. Box, Bldg., Room No., if any					
Street	1.b. Approximate dollar value of such dealing.	\$104,000			
City	2.a. Nature of interest held or income receive				
State ZIP Code + 4	During the national convention complimentary room for five ni Hotel.				
	2,b. Amount.	\$964			
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.					
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.				
Name		,			
Trade Name, if any:					
P.O. Box, Bldg., Room No., if any					
Street					
City					
State ZIP Code + 4					
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.				

Name of Person Filing Gary	Mullins	File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name Peake Delancey Printers	a. Labor Organization b. Trust	
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street 2500 Schuster Drive	c. Employer	
City Cheverly		
State Maryland ZIP Code + 4 20781		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name	Peake Delancey is one of the printing companies used by the NALC to do our printing.	
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street		
City		
State ZIP Code + 4	11.b. Approximate dollar value of such dealing. \$2,800,000	
	12.a. Nature of interest held or income received.	
	Received at home from Delancey during the year gift packages of such items as steak filets, crab cakes, fruit, wine, cheese, and ham.	
	Received from Delancey printed Christmas cards for personal use.	
	12.b. Amount. \$1,255	